

## FAIRFAX COUNTY POLICE DEPARTMENT Citizens Police Academy Application Instructions

The Citizen Police Academy is designed to give citizens an overview of the Fairfax County Police Department. Graduates of this course will have a better understanding of the operation of the Police Department, and a greater awareness and appreciation of the daily challenges faced by the Fairfax County Police.

The Citizen Police Academy is a 10-week program that meets one evening each week (Thursday) and consists of classroom and hands-on instruction.

Topics covered during the academy will include virtually every aspect of police work including:

- Patrol
- Criminal Investigations
- Gangs

- Crime Scene
- Internal Affairs
- Special Operations

In addition, participants will be given the opportunity to become familiar with a variety of police equipment.

The Citizens Police Academy is open to all individuals who live or work in Fairfax County. Due to the popularity of this class, we ask that participants attend at least eight (8) of the ten (10) weeks.

Should you have any questions, please contact us by phone at (703) 280-0713 or by e-mail at CPA@fairfaxcounty.gov.

## AFTER COMPLETING AND SIGNING THE APPLICATION, YOU CAN

## MAIL THE FORM TO:

OR E-MAIL THE FORM TO:

Fairfax County Police Department Citizens Police Academy c/o APO-VIPS Coordinator 3911 Woodburn Rd. Annandale, VA 22003

CPA@FairfaxCounty.gov



Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. For information, call Fairfax County Police Department at (703) 691-2131 or TTY (703) 204-2264.





## FAIRFAX COUNTY POLICE DEPARTMENT CITIZENS POLICE ACADEMY APPLICATION FORM

NAME (LAST/FIRST/MIDDLE):		
STREET ADDRESS:		
CITY, STATE, AND ZIP CODE:		
PHONE #:		
E-MAIL:		
DATE OF BIRTH (mm/dd/yyyy):	_ SEX:	male female
RACE: ( background check. Failure to include may result in delay	Note: Race is re s in processing	quired for your application.)
Please circle one: I live • work in Fairfax Cou	nty.	
My police district station is (circle one): Fair Oaks ● Franconia ● Mason ● McLean ● Mt. Vernon	• Reston • Su	lly ● West Springfield
JOB TITLE:		
CITY, STATE, AND ZIP CODE:		
Have you ever been arrested for any violation other (If yes to above, state offense and describe circumstances		Yes: No:
How did you hear about the program?		
I hereby authorize the Fairfax County Police Depart available to the Fairfax County Police Department for application.		
	Date	e:
Applicant's Signature		

(If emailing application, please type your name in the space above. Your typed name will be considered your signature on this application.)